

Arizona Department of Gaming

**Fantasy Sports Contest  
Operator  
Application**



**Arizona Department of Gaming**

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Arizona Department of Gaming  
100 N. 15th Avenue #202  
Phoenix, AZ 85007  
(602) 771-4263

# Fantasy Sports Contest Operator

## APPLICATION FEE:

Initial License Fee: **\$2,000**  
Renewal License Fee: **\$1,000**

## Additional Information:

- Fantasy Sports Contest Operator or Operator means a person that is engaged in the business of professionally conducting paid Fantasy Sports Contests for cash or other prizes or awards for members of the general public that requires cash or cash equivalent as an entry fee to be paid by a member of the general public who participates in a paid Fantasy Sports Contest **A.R.S. § 5-1201**
- Notification of Change of Principals. After a Fantasy Sports Contest Operator is licensed, the Fantasy Sport Contest Operator shall report any change to the information regarding ownership included in its application with the Department within thirty (30) days after the change is effective.
- An applicant for licensure may not withdraw an application without the written permission of the Department. The Department may not unreasonably withhold permission to withdraw an application. **A.R.S. § 5-1209(D)**
- The Department may require licensure of a Holding Company, a Management Company or any other Person it considers sufficiently connected to the Fantasy Sports Contest Operator if that licensure is necessary to preserve the integrity of Fantasy Sports Contests and protect Fantasy Sports Contest Players. **A.R.S. § 5-1202(G)**
- A license issued...may not be transferred to another person or entity without prior approval of the Department. The Department shall work with applicants and licensees to ensure there is no gap in the validity of the license. **A.R.S. § 5-1305(I)**
- You are advised that this application is an official document and false or incomplete answers could result in criminal prosecution and the denial, or subsequent revocation of licensure.

# Application Packet Checklist

On receipt of a completed application and the required fee, the Department shall conduct the necessary background investigations to determine if the applicant meets the qualifications for licensure. The applicant agrees to provide access to the following information and/or documents and to provide copies, as requested. This information includes, but is not limited to, the following:

**Please verify all items are checked-off and included in the application packet in order to avoid a rejected application.**

✓ **Application – Do NOT staple applications**

- EWFS-FSCO Business Application
- ADG-902 Release of All Claims
- ADG-906 Authorization to Release Credit Information
- ALL** Applications requested for Individuals
- Articles of Incorporation or Organization/Partnership Agreement and all amendments
- Bylaws
- Certification of Good Standing from Registered State
- Current Litigation List
- List of all Gaming Licenses
- Updated – Detailed Internal and External Organizational charts
- Payment** – <https://adgpay-ewfs.az.gov/> - Please Provide a Copy of Payment Confirmation

**Financial Information – 3 Years for Initial Application\***

Audited Financial Statements to include, but not be limited to:

- Annual Reports
- Income Statement
- Balance Sheet
- Statement of Cash Flows
- Notes to Financial Statements
- Last **three (3) years** of tax returns
- List of past and current SEC violations

**Pursuant to A.R.S. §4 1-1030:**

...B. An agency shall not base a licensing decision in whole or in part on a licensing requirement or condition that is not specifically authorized by statute, rule or state tribal gaming compact. A general grant of authority in statute does not constitute a basis for imposing a licensing requirement or condition unless a rule is made pursuant to that general grant of authority that specifically authorizes the requirement or condition.

...D. This section may be enforced in a private civil action and relief may be awarded against the state. The court may award reasonable attorney fees, damages and all fees associated with the license application to a party that prevails in an action against the state for a violation of this section.

E. A state employee may not intentionally or knowingly violate this section. A violation of this section is cause for disciplinary action or dismissal pursuant to the agency's adopted personnel policy.

F. This section does not abrogate the immunity provided by section 12-820.01 or 12-820.02.

Applicants Initials \_\_\_\_\_

# ARIZONA DEPARTMENT OF GAMING

## FANTASY SORTS CONTEST OPERATOR APPLICATION

		Date: _____	
1.	Entity Name: _____	Phone: _____	
	Trade Name/ dba Name: _____	Fax: _____	
	Physical Address: _____		
	City: _____ State: _____ Country: _____	Zip Code: _____	
	Mailing Address: _____		
	City: _____ State: _____ Country: _____	Zip Code: _____	
	Company Headquarters? <input type="checkbox"/> Yes <input type="checkbox"/> No Website: _____		
2.	Parent Company: _____	Phone: _____	
	Mailing Address: _____	Fax: _____	
	City: _____ State: _____ Country: _____	Zip Code: _____	
	Company Headquarters? <input type="checkbox"/> Yes <input type="checkbox"/> No		
3.	Contact Person: _____	Phone: _____	
	Position: _____	Fax: _____	
	Email address: _____		
4.	Accounting Contact Person _____	Phone: _____	
	Email address: _____	Fax: _____	
	Mailing Address: _____		
	City: _____ State: _____ Country: _____	Zip Code: _____	

5. Entity Type:  Corporation  S-Corp  Partnership  
 Sole Proprietor  Limited Liability Company  
 Other: \_\_\_\_\_

6. Ownership:  Private  Public Ticker Symbol \_\_\_\_\_ Exchanges on which traded \_\_\_\_\_

7. Accounting Year  Calendar Year  Fiscal Year Year End Date: \_\_\_\_\_

8. Federal Tax Id Number / Employer Id Number: \_\_\_\_\_  
 Social Security Number if Sole Proprietor: \_\_\_\_\_

9. Complete the following: (if the applicant is a partnership or limited liability company, furnish comparable information)

(a) State of incorporation / organization: \_\_\_\_\_ Date of Incorporation: \_\_\_\_\_  
*(If incorporated out of state, you must attach a letter of good standing from the state where incorporated)*

10. (a) A general description of the nature of the business. (Attach a separate page, if necessary)

(b) A Description of any physical facility operated by the Applicant in Arizona.  
 (Attach a separate page, if necessary)

(c) Please attach a detailed organizational chart listing all employees and titles. Please label as "Item 10c."

11. List all individuals and/or entities who hold a 10% or more ownership of company for Fantasy Sports.

*State all titles or positions currently held with the business.*

*Each of the persons named below are required to complete and file all required application forms and fingerprint impressions.*

Check here if you attached a list. Please label list as "Item 11"

Full Name	Title	# of Shares	% of Ownership
			%
			%
			%
			%

12. List all individuals and entities with stock options that would equal 10% or more ownership, if the options were fully exercised.  Check here if you attached a list. Please label list as "Item 12"

Name	Location	# of Options

13. Is the business regulated by any other state or federal agencies? List all that apply:  Check here if you attached a list. Please label list as "Item 13"

14. List gaming licenses issued or pending with other jurisdictions:  Check here if you attached a list. Please label list as "Item 14"

Agency	Agency City, State	Type of License	Dated Issued	Date Expired	Status

15. List any past or current letters of concern, violations, hearings or settlements in relation to obtaining a license and/or permit to conduct business in any gaming jurisdiction in or outside of the United States.  Check here if you attached a list. Please label list as "Item 15"

Agency	Agency City, State	Date of Violation	Violation	Status

16. Is there past or current litigation (civil or criminal) involving the Applicant?

Yes (Explain Below)  No  Check here if you attached a list. Please label list as "Item 16"

*If you answered "Yes", you must provide the following details below. List all cases WITHOUT EXCEPTION.*

Plaintiff	Defendant	Case Number	Date Filed
Court Holding Jurisdiction	City / State	Current Status	Date of Last Action

Description of Litigation:

Plaintiff	Defendant	Case Number	Date Filed
Court Holding Jurisdiction	City / State	Current Status	Date of Last Action

Description of Litigation:

Plaintiff	Defendant	Case Number	Date Filed
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Description of Litigation:

17.

### Cash in Bank

List below **ALL** bank accounts, domestic and/or foreign.

*Accounts should include, but are not limited to:*

*General/Operation Checking, A/P, Payroll, 401K, Sweep Accounts, Investment Funds, A/R, Savings, Deposits, etc.*

*A sampling of all disbursements and cash receipts may be reviewed on site prior to the issuance of Tribal licensing or State certification.*

Name and Address of Bank or Financial Institution	Account No.	Purpose of Account	Balance as of (Date) _____
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$



This application is true and correct to the best of my knowledge and that false or incomplete answers could result in criminal prosecution and the denial, or subsequent revocation, of state licensure by the Arizona Department of Gaming. Further, that I am voluntarily submitting this application with full knowledge that it will be reviewed by appropriate State authorities charged by law with granting state licensure.

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Signature of Applicant

## **RELEASE OF ALL CLAIMS**

The undersigned has filed with the Arizona Department of Gaming an Application for State Licensure. In consideration of the assurance by the Department of Gaming that no decision on said application will be taken except after a deliberate, intensive and thorough investigation of the undersigned, including but not limited to background, associates, and finances, the undersigned does for myself, my heirs, executors, administrators, agents, representatives, successors and assigns, hereby release and forever discharge the State of Arizona, the Department of Gaming, its members, agents, and employees, from all manner of actions, causes of action, suits, debts, judgments, executions, claims and demands whatsoever, known or unknown, in law or equity, which the undersigned ever had, now has, may have, or claim to have against any or all of said entities or individuals arising out of or by reason of the processing or investigation of or other action relating to the undersigned application.

I, the undersigned, have read this release and understand all its terms. I execute it voluntarily and with full knowledge of its significance.

I have executed this Release of All Claims on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

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Applicant Signature

**APPLICANT'S AUTHORIZATION TO RELEASE CREDIT INFORMATION**

To: The Arizona Department of Gaming

From: \_\_\_\_\_  
Name of Business Entity

**RE: Licensure with the Arizona Department of Gaming**

1. In accordance with the Fair Credit Reporting Act, section 604(a)(2) & (3)(D), I hereby authorize and request all persons to whom this authorization is presented having information relating to or concerning me to furnish a consumer report of such information to duly appointed agents of the Arizona Department of Gaming, whether or not such information would otherwise be protected from disclosure by any constitutional, statutory or common law privilege.
2. I have filed with the Arizona Department of Gaming an application for state license recommendation, of which this document is a part thereof. I understand that I am seeking the granting of a privilege and acknowledge that the burden for proving my qualifications for a favorable determination is at all times on me. I accept any risk of adverse public notice, embarrassment, criticism or other financial loss which may result from the action with respect to this application.
3. I hereby authorize the Arizona Department of Gaming to use the information contained in the consumer report and/or the consumer report for License purposes, including but not limited to investigation, licensing, certification, any court or administrative proceeding and any and all other procedures set forth in A.R.S. §§ 5-1201 through 1213 & A.R.S. §§ 5-1301 through 1321 and A.A.C. Title 19, Chapter 4.
4. A reproduction of this request by photo copy or similar process shall be for all intents and purposes as valid as the original.

I have executed this authorization on the \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_.

\_\_\_\_\_  
Applicant's Signature